



## EJVES Extra Abstracts<sup>☆</sup>

### Echo-Free Space and Intimal Micro-Tear: Initiating Event or Decompression Rent of Intramural Haematoma?

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A 52-year-old man with hypertension and previous ascending aorta reconstruction presented with an acute type B intramural haematoma. The patient was managed with medical therapy and was closely followed up with trans-oesophageal echocardiography. At 36 months, we observed an asymptomatic echo-free space across the aortic isthmic intramural haematoma associated with single "intimal micro-tear". At 1 month of follow up the echo-free space had been completely absorbed.

doi:10.1016/j.ejvs.2008.11.021

DOI of original article:10.1016/j.ejvsextra.2008.11.007

Available online 25 December 2008

### Endovascular Repair of Iatrogenic Superior Mesenteric Arteriovenous Fistula

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Arteriovenous fistulas between the superior mesenteric artery and vein are extremely rare and often a late complication of bowel resection. We report a case of an 42 year-old male who presented with abdominal pain and dyspnoea 9 years after ileo-caecal resection. A superior mesenteric arteriovenous fistula was detected and treated endovascularly with an Amplatzer Vascular

Plug, thereby reducing the cardiac output and flow in the superficial mesenteric artery by 1.1 l min<sup>-1</sup>. The patient had an uneventful recovery.

doi:10.1016/j.ejvs.2008.11.023

DOI of original article:10.1016/j.ejvsextra.2008.11.023

Available online 27 December 2008

### Giant Renal Vein Aneurysm and Arteriovenous Fistula Secondary to Renal Artery Aneurysm

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We report a case of a 26-year-old male, who presented with an asymptomatic right renal mass found during ultrasound examination. Computed tomography and angiography confirmed the diagnosis of venous aneurysm with a renal arteriovenous fistula (RAVF) arising from a renal artery aneurysm (RAA). The aneurysms were surgically resected and the RAVF was obliterated.

Development of a spontaneous RAVF and a renal vein aneurysm arising from a RAA is rare. Hypertension is the most common symptom. Surgical repair remains the most appropriate treatment for RAAs. In some cases, such as in saccular aneurysms or fistulas arising from small branches of the renal artery embolization can be used.

doi:10.1016/j.ejvs.2008.11.024

DOI of original article:10.1016/j.ejvsextra.2008.11.005

Available online 25 December 2008